

B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 220  
Registered No. 155

1. PLACE OF BIRTH

County Gila State Arizona  
District or Township Globe or Village \_\_\_\_\_  
City Globe No. Edward St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Frank Holden Bailey { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 5. No., in order of birth \_\_\_\_\_ 6. Legitimate? Yes 7. Date of birth June 29 1930  
Month Day Year

8. FATHER  
Full name Frank Bailey

9. Residence (Usual place of abode) Globe  
If non-resident, give place and state.

10. Color or race White 11. Age at last birthday 38 (Years)

12. Birthplace (city or place) Helena  
(State or country) Montana

13. Occupation Mechanic  
Nature of Industry

14. MOTHER  
Full maiden name Mary Vera Oaklin

15. Residence (Usual place of abode) Globe  
If non-resident, give place and state.

16. Color or race White 17. Age at last birthday 37 (Years)

18. Birthplace (city or place) Hard County  
(State or country) Texas

19. Occupation Housewife  
Nature of Industry

20. Number of children of this mother 3 } (a) Born alive and now living 2  
(Taken as of time of birth of child herein (b) Born alive but now dead 1  
certified and including this child.) (c) Stillborn \_\_\_\_\_ 21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Alive at 4 p. m. on the date above stated.  
(Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Dr. C. Gunter  
Physician (Physician or Midwife).

Given name added from \_\_\_\_\_ Address Globe, Ariz.  
a supplemental report \_\_\_\_\_ Month, day, year \_\_\_\_\_  
Registrar \_\_\_\_\_ Filed 8/7, 1930 S.E. Wighams Registrar

628-629-1150